

MOMS Physician

(Referral arrangement with HSS - enter Specialty Code 159 on claim)

Procedure Code	Description	Maximum Fee
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care (total, all-inclusive, “global” care).	\$1,440
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum visits *).	883
59410	Including (inpatient and outpatient) postpartum care	960
New 59425*	Antepartum care only; 4 - 6 visits (includes reimbursement for one initial antepartum encounter (\$69.00) and five subsequent encounters (\$59.00) . If less than 6 antepartum encounters were provided, adjust the amount charged accordingly).*	364
New 59426*	Antepartum care only; 7 or more visits (includes reimbursement for one initial antepartum encounter (\$69.00) and eight subsequent encounters (\$59.00) . If less than 9 antepartum encounters were provided, adjust the amount charged accordingly. For 6 or less antepartum encounters, see code 59425.)	541
59430	Postpartum care only (outpatient) (separate procedure)	59
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care, after previous cesarean delivery (total, all-inclusive, “global” care)	1,440
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits	883
59614	including (inpatient and outpatient) postpartum care	960

* Providers should bill the appropriate code after all antepartum care has been rendered using the last antepartum visit as the date of service. See example claim form on page 11.

Cesarean Section

59510	Routine obstetric care including antepartum care, cesarean delivery, and (inpatient and outpatient) postpartum care (total, all-inclusive, “global” care)	\$1,440
59514	Cesarean delivery only; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum visits *).	883
59515	Including (inpatient and outpatient) postpartum care	960
59618	Routine obstetric care including antepartum care, cesarean delivery, and (inpatient and outpatient) postpartum care, following attempted vaginal delivery after previous cesarean delivery (total, all-inclusive, “global” care)	1,440
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)	883
59622	including (inpatient and outpatient) postpartum care	960

***NOTE:** Inpatient hospital (E/M codes) visits should **not** be billed with MOMS specialty code 159. Bill visits on a separate claim with the appropriate physician specialty code.

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Other Procedures and Tests

59025	Fetal non-stress test (in office, cannot be billed with professional component modifier 26)	\$70
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester, (<14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single or first gestation	\$174
76802	each additional gestation (List separately in addition to code for primary procedure) (Use 76802 in conjunction with code 76801)	\$136
76805	Ultrasound, pregnant uterus, B-scan and/or real time with image documentation: complete (complete fetal and maternal evaluation)	\$174
76810	Complete fetal and maternal evaluation, multiple gestation, AFT	\$174
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach (complete fetal and maternal evaluation): single or first gestation	\$241
76812	each additional gestation (list separately in addition to code for primary procedure) (Use 76812 in conjunction with 76811)	\$120
76815	Limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)	\$116
76816	Follow-up or repeat	\$97
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$190
76818	Fetal biophysical profile; with non-stress testing	\$135
76819	Fetal biophysical profile; without non-stress testing	\$135

NOTE: The above-listed ultrasound codes **can** be billed with professional component modifier 26. Reimbursement will not exceed 40% of maximum fee for procedure.

The ordering/referring provider's Name and Medicaid ID number or License Number and License Type are required on the claim when billing for ultrasound procedures.

New ultrasound procedure codes updated on 07/01/03 are identified in **BOLD** type.

Sample 1

MOMS PHYSICIAN - REFERRAL ARRANGEMENT WITH HSS

MEDICAL ASSISTANCE HEALTH INSURANCE CLAIM FORM		TITLE XIX PROGRAM		CATEGORY OF SERVICE	SPECIALTY CODE	ONLY TO BE USED TO ADJUST/AVOID ID CLAIM		CODE	ORIGINAL CLAIM REFERENCE NUMBER	
				0460	159			A	V	
PATIENT AND INSURED (SUBSCRIBER) INFORMATION										
1. PATIENT'S NAME (First name, middle initial, last name)				2. PATIENT'S BIRTH DATE		3A. TOTAL ANNUAL FAMILY INCOME		3. INSURED'S NAME (First name, middle initial, last name)		
Marie Simmons				7/1						
4. PATIENT'S ADDRESS (Street, City, State, Zip Code)				5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		6A. INSURED'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		6. MEDICARE NUMBER		6A. MEDICARE NUMBER
				7. PATIENT'S TELEPHONE NUMBER		8A. PRIVATE INSURANCE NUMBER		GROUP NO.		RECIPIENT NO.
				()						
6C. PATIENT'S EMPLOYER, OCCUPATION OR SCHOOL				7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		8. INSURED'S EMPLOYER OR OCCUPATION				
9. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policy Holder, Plan Name and Address, and Policy or Private Insurance Number				10. WAS CONDITION RELATED TO: PATIENT'S EMPLOYMENT <input type="checkbox"/> CRIME VICTIM <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> OTHER LIABILITY <input type="checkbox"/>		11. INSURED'S ADDRESS (Street, City, State, Zip Code)				
12. PATIENT'S OR AUTHORIZED SIGNATURE				DATE		13. INSURED'S SIGNATURE				
PHYSICIAN OR SUPPLIER INFORMATION (REFER TO REVERSE BEFORE COMPLETING AND SIGNING)										
14. DATE OF ONSET OF CONDITION		15. FIRST CONSULTED FOR CONDITION		16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS YES <input type="checkbox"/> NO <input type="checkbox"/>		16A. EMERGENCY RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>		17. DATE PATIENT MAY RETURN TO WORK		18. DATES OF DISABILITY TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/>
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				19A. ADDRESS (FOR SIGNATURE USE ONLY)				19B. TYPE		19C. IDENTIFICATION NUMBER
										0 1 2 3 4 5 6 7
20. FOR SERVICES RELATED TO HOSPITALIZATION, GIVE HOSPITALIZATION DATES				ADMITTED		DISCHARGED		20A. NAME OF HOSPITAL		20B. SURGERY DATE
										20C. TYPE OF SURGERY
21. NAME OF FACILITY WHERE SERVICES RENDERED (if other than home or office)				21A. ADDRESS OF FACILITY				22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE YES <input type="checkbox"/> NO <input type="checkbox"/>		LAB CHARGES
22A. SERVICE PROVIDER NAME				22B. TYPE				22C. IDENTIFICATION NUMBER		22D. DRUG CITY
										22E. IDENTIFICATION NUMBER
23. DIAGNOSIS OR NATURE OF ILLNESS. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN 24F BY REFERENCE TO NUMBERS 1, 2, 3 ETC. OR ICD CODE								23A. POSSIBLE DISABILITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23B. RHC/P YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
1.										23C. FAMILY PLANNING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2.										23D. PRIOR APPROVAL NUMBER
3.										23E. PRIOR SOURCE CODE
24A. DATE OF SERVICE	24B. PLACE TYPE	24C. SOURCE CODE	24D. SOURCE CODE	24E. FULLY DEFINED PROCEDURE, MEDICAL SERVICE OR SUPPLY FURNISHED FOR EACH DATE GIVEN EXPLAIN UNUSUAL SERVICES OR COMMODITIES	24F. SOURCE CODE	24G. DATES OR UNITS	24H. CHARGES	24I.	24J.	
05 01 02	1	7/6/8/0/5		Ultrasound - complete	V/2 2 1		\$147.00			
07 08 02	1	5/9/4/2/5		Antepartum care - 4 visits	V/2 2 1		246.00			
07 10 02	3	5/9/5/1/5		Cesarean delivery	V/2 2 1		960.00			
				Inpatient and outpatient postpartum care						
24E. INPATIENT HOSPITAL VISITS	FROM	THROUGH	24F. PROCEDURE CODE	24G. MOD.						
25. CERTIFICATION I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.				26. ACCEPT ASSIGNMENT YES <input type="checkbox"/> NO <input type="checkbox"/>		27. TOTAL CHARGE		28. AMOUNT PAID		29. BALANCE DUE
Ellen Ford, MD										
30A. PROVIDER IDENTIFICATION NUMBER				30B. DATE SIGNED		31. EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER				
01234567				07 20 02		Ellen Ford, MD 110 Main Street, Anytown, NY 10107				
32C. MEDICAID GROUP IDENTIFICATION NUMBER				32D. LOCAL FOR CODE		32E. STATE IDENTIFICATION NUMBER				
				013						
COUNTY OF SUBMITTAL				INVOICE NUMBER						
				44561 4559						
OTHER REFERRING/COORDINATING PROVIDER CASE MANAGER ID										

- Ultrasound - requires the Medicaid ID# (field 19C) or the license # and license type (field 19B and 19C) of the referring provider
- Antepartum visits - 4 encounters - provider *must* reduce the maximum reimbursement fee to reflect correct payment
- Cesarean delivery, including inpatient and postpartum care